



AF/3625-1120

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the PATENT application of)
)
 Kelly GRAVELLE) Group Art Unit: 3625
)
Application No.: 09/864,443) Examiner: Mark A. Fadok
)
Filing Date: May 25, 2001) Atty. Dkt.: 114944-00209
)
For: AVI for Expedited Mobile Ordering) Date: August 24, 2004
 And Fulfillment)
)

Mail Stop Appeal Brief - Patents
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


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GROUP 3600

APPEAL BRIEF TRANSMITTAL

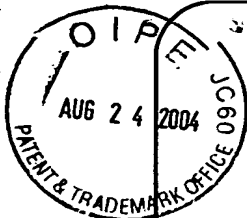
Sir:

Submitted herewith please find an original and two copies of an Appeal Brief. A check for the statutory fee of \$330.00 is attached. Authorization is also given to charge or credit any differences of overpayment to Deposit Account No. 23-2185. A duplicate copy of this paper is attached.

Respectfully submitted,

By: 
Michael C. Greenbaum
Reg. No. 28,419

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 330

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 09/864,443 |
| Filing Date | May 25, 2001 |
| First Named Inventor | Kelly Gravelle |
| Examiner Name | Mark A. Fadok |
| Group / Art Unit | 3625 |
| Attorney Docket No. | 114944-00209 |

| | | | | | | | | |
|--|-----------------|------------------------------------|-----------------|--|----------|------|-----|-----|
| METHOD OF PAYMENT (check one) | | FEE CALCULATION (continued) | | | | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees or credit any over payments to: Deposit Account Number: 23-2185 Deposit Account Name: BLANK ROME LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | | | |
| 101 | 770 | 201 | 385 | Utility filing fee | | | | |
| 106 | 340 | 206 | 170 | Design filing fee | | | | |
| 107 | 530 | 207 | 265 | Plant filing fee | | | | |
| 108 | 770 | 208 | 385 | Reissue filing fee | | | | |
| 114 | 160 | 214 | 80 | Provisional filing fee | | | | |
| SUBTOTAL (1) | | | | | (\$) | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | |
| Total Claims | 31 | -31** | = | 0 | X | \$18 | = | \$0 |
| Independent Claims | 2 | -3** | = | 0 | X | \$86 | = | \$0 |
| Multiple Dependent | | | | | | | | \$0 |
| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | | | | |
| 102 | 86 | 202 | 42 | Independent claims in excess of 3 | | | | |
| 104 | 290 | 204 | 140 | Multiple dependent claim, if not paid | | | | |
| 109 | 86 | 209 | 42 | ** Reissue independent claims over original patent | | | | |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | | | | |
| SUBTOTAL (2) | | | | | (\$) | 0.00 | | |
| *or number previously paid, if greater; For Reissues, see above | | | | | | | | |
| | | | | SUBTOTAL (3) | | (\$) | 330 | |

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|---------------------|----------------------|-----------------------------------|-----------------|-----------|----------------|
| SUBMITTED BY | | Complete (if applicable) | | | |
| Name (Print/Type) | Michael C. Greenbaum | Registration No. (Attorney/Agent) | 28,419 | Telephone | (202) 944-3000 |
| Signature | | Date | August 24, 2004 | | |

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